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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/933,476	
	Filing Date	08-17-2001	
	First Named Inventor	JOHN L. FITZ	
	Art Unit	2828	
	Examiner Name	QUYEN P. LEUNG	
Total Number of Pages in This Submission	8	Attorney Docket Number	FITZ 3-1-1-1

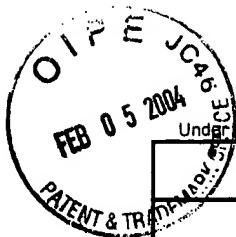
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PATENT APPLICATION FEE DETERMINATION RECORD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NATIONAL SECURITY AGENCY
Signature	Robert D. Morelli
Date	02-04-2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	ROBERT D. MORELLI		
Signature	Robert D. Morelli	Date	2-4-2004

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

F112 3-1-1

CLAIMS AS FILED – PART I

(Column 1)		(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE (37 CFR 1.16(a))	\$710		
TOTAL CLAIMS (37 CFR 1.16(c))	20	minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			

SMALL ENTITY

RATE	FEE
	\$ <u> </u>
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL	

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	\$ <u>710</u>
X \$ <u>18</u> =	0.00
X \$ <u>80</u> =	0.00
+ \$ <u> </u> =	
TOTAL	710.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	8	Minus	20	= 0
Independent (37 CFR 1.16(b))	1	Minus	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	0.00
X \$ <u> </u> =	0.00
+ \$ <u> </u> =	0.00
TOTAL ADD'L FEE	0.00

(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	9	Minus	20	= 0
Independent (37 CFR 1.16(b))	1	Minus	3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	0.00
X \$ <u> </u> =	0.00
+ \$ <u> </u> =	0.00
TOTAL ADD'L FEE	0.00

(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=
Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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